

09/890703

International Appl. No. JP99-00493

Application filed by : 20 months 30 months

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INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

International Application (RECORD COPY)
 Article 19 Amendments
 PCT/IB/331
 PCT/IPEA/409 IPER (PCT/IPEA/416 on front)
 Annexes to 409
 Priority Document (s) No. _____

International Appl. on Double Sided Paper (COPIES MADE)
 Request form PCT/RO/101
 PCT/ISA/210 - Search Report
 Search Report References
 Other : _____

RECEIPTS FROM THE APPLICANT (other than checked above) :

Basic National Fee (paid or authorized to charge)
 Description
 Claims
 Words in the Drawing Figure(s)
 Article 19 Amendments
 Annexes to 409
 entered not entered
 Oath/ Declaration (executed)
 DNA Diskette

Preliminary Amendment(s) Filed on : *2 Aug 01*
 Information Disclosure Statement(s) Filed on : *2 Aug 01*
 Assignment Document
 Power of Attorney/ Change of Address
 Substitute Specification Filed on : _____
 Verified Small Status Claim
(If submitted after Receipt Date - Is it timely ? Y/N)
 Other : _____

NOTES :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date Complete 35 U.S.C. 371

102(e) Date

Date of Completion of DO/ EO 906 - Notification of Missing 102(e) Requirements

Date of Completion of DO/ EO 907 - Notification of Acceptance for 102(e) Date

Date of Completion of DO/ EO 911 - Application Accepted Under 35 U.S.C. 111

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 903 - Notification of Acceptance

2 Aug 01
26 Aug 01

102

2700. INTERNAL REQUEST FOR S.N.

DATE: _____	FROM: <u>N.G.</u> _____	(print name)
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FORWARD TO:

A. Art Unit: 1641
 B. Class: 704
 C Subclass: _____

REASON(S):

A. You had Parent
 B. See Title
 C. See Abstract
 D. See Claim(s): _____

_____	(check box)
_____	(check box)
_____	(check box)

FURTHER EXPLANATION IF NEEDED:

speech signal processing

DATE: _____	FROM: _____	(print name)
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FORWARD TO:

A. Art Unit: _____
 B. Class: _____
 C Subclass: _____

REASON(S):

A. You had Parent
 B. See Title
 C. See Abstract
 D. See Claim(s): _____

_____	(check box)
_____	(check box)
_____	(check box)

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____	(print name)
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FORWARD TO CLASSIFIER



REASON(S):

A. You had Parent
 B. See Title
 C. See Abstract
 D. See Claim(s): _____

_____	(check box)
_____	(check box)
_____	(check box)

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
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FORWARD TO:

A. Art Unit: _____
 B. Class: _____
 C Subclass: _____

REASON(S):

A. You had Parent
 B. See Title
 C. See Abstract
 D. See Claim(s): _____

_____	(check box)
_____	(check box)
_____	(check box)

FURTHER EXPLANATION IF NEEDED: